

Case Number:	CM15-0128755		
Date Assigned:	07/15/2015	Date of Injury:	02/25/2013
Decision Date:	08/17/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/02/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 26 year old male, who sustained an industrial injury on 2/25/2013. He reported a slip and fall from a ladder, hitting his back and buttocks. The injured worker was diagnosed as having post-traumatic right brachial plexopathy, right shoulder sprain-strain, lumbar radiculitis and depressive disorder. Treatment to date has included diagnostics, physical therapy, scalene release therapy, and medications. Many documents within the submitted medical records were difficult to decipher. Currently, the injured worker complains of intractable back pain with intermittent right leg radiating symptoms. Exam of the lumbar spine noted right paralumbar tenderness, referred back pain with straight leg raise, and painful lumbar range of motion. His medications included Tramadol and Tizanidine. The treatment plan included an epidural injection at the right L4-5 level.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Epidural injection to the right L4-L5 level: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI
Page(s): 46-47.

Decision rationale: Regarding the request for lumbar epidural steroid injection/selective nerve root block, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, after failure of conservative treatment. Guidelines recommend that no more than one interlaminar level or two transforaminal levels should be injected in one session. Within the documentation available for review, there are objective examination findings supporting a diagnosis of radiculopathy. There is decreased pinwheel sensation in the leg at the L5, S1 dermatomes and there is positive straight leg raise documented in recent notes, including one from 6/8/15. Additionally, there is a L4-5 disc bulge noted to be approximately 3mm per MRI of the lumbar spine carried out on 1/29/14. Although electrodiagnostic studies have been negative, unless a motor component is involved this test has relatively poorer sensitivity (but good specificity). Therefore, it is not unusual for primarily sensory radiculopathies to be undetected by electrodiagnostic testing. Given this clinical picture, it is reasonable to trial a LESI at L4-5, to target the area of the largest disc bulge, and also the traveling descending root of L5. This request is medically necessary.